

Institute of Postgraduate Medical Education & Research (IPGME&R), Kolkata,
STUDENT INFORMATION FORM
For enrolment for online fee payment

For office use only
Class Roll No.

Information related to student

Full Name (in BLOCK LETTERS): _____

Course: _____ **Academic year:** _____

NEET Roll Number: _____ **All-India rank:** _____

Admission category: ☐ All-India ☐ State | ☐ SC ☐ ST ☐ OBC ☐ EWS ☐ PwD

Date of birth (dd/mm/yyyy): _____ **Gender:** _____

Own Mobile No: _____ **E-mail:** _____

AADHAAR No: _____

Student bank account details

(required for verification and purpose of refund, if any)

Name of A/c Holder (in BLOCK LETTERS): _____

A/c Number: _____

Name of Bank: _____

Branch: _____

Bank IFSC: _____

SB Collect Ref. No.: _____
(for payment at admission time)

Information related to parent / legal guardian

Name in full (in BLOCK LETTERS): _____

Relationship to student (e.g. father/mother): _____

Permanent address with Pin code: _____

Mobile No. of parent / legal guardian: _____

E-mail of parent / legal guardian: _____

Declaration

I do solemnly affirm that the above information provided by me is correct to the best of my knowledge and that I will abide by the rules and regulations of the institute.

Date and Place

Signature of student